



# STATE OF WASHINGTON SECRETARY OF STATE

Ralph Munro, Secretary of State

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION  
505 E. UNION • PO BOX 40234  
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

## APPLICATION TO FORM A LIMITED LIABILITY COMPANY

(Per Chapter 25.15 RCW)

**FEE: \$175**

**EXPEDITED (24-HOUR) SERVICE AVAILABLE – \$20 PER ENTITY  
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS  
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED:

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UBI:

CORPORATION NUMBER:

**Important!** Person to contact about this filing

Daytime Phone Number (with area code)

### CERTIFICATE OF FORMATION

NAME OF LIMITED LIABILITY COMPANY (LLC) (Must contain the word "Limited Liability Company" "Limited Liability Co." "L.L.C." or "LLC")

ADDRESS OF LLC'S PRINCIPAL PLACE OF BUSINESS

Street Address (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PO Box (Optional – Must be in same city as street address) \_\_\_\_\_ ZIP (If different than street ZIP) \_\_\_\_\_

EFFECTIVE DATE OF LLC (Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State)

☐ Specific Date: \_\_\_\_\_ ☐ Upon filing by the Secretary of State

DATE OF DISSOLUTION (If applicable)

MANAGEMENT OF LLC IS VESTED IN ONE OR MORE MANAGERS

☐ Yes ☐ No

>>> PLEASE ATTACH ANY OTHER PROVISIONS THE LLC ELECTS TO INCLUDE <<<

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name \_\_\_\_\_

Street Address (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PO Box (Optional – Must be in same city as street address) \_\_\_\_\_ ZIP (If different than street ZIP) \_\_\_\_\_

**I consent to serve as Registered Agent in the State of Washington for the above named LLC. I understand it will be my responsibility to accept Service of Process on behalf of the LLC; to forward mail to the LLC; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.**

Signature of Agent

Printed Name

Date

NAMES ADDRESSES OF EACH PERSON EXECUTING THIS CERTIFICATE (If necessary, attach additional names and addresses)

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_